

Gentle alternative to NSAIDs

Hip surgery avoided

While experts had previously assumed there were five million arthrosis sufferers in Germany, a study published in October 2005 estimates that about 30 million people in the Federal Republic of Germany have arthrosis. A survey conducted among 3,360 citizens of Herne over a period of 40 years had revealed that well over half of the surveyed sample (57 percent) suffered from acute joint disorders. 68 percent had to cope with pain during the previous month and 71 percent in the previous year. Although elderly persons are more affected, the number of young people with cartilage damage is also considerable. The Herne arthrosis study revealed that 52.3 percent of 40 to 49-year-olds were suffering from joint pain. Other surveys suggest that four percent of 20-year-olds are affected. A treatment capable of reversing cartilage wear is not in prospect. Despite considerable advances in the field of artificial joints, this solution must continue to be regarded as the last resort and an option that should be delayed as long as possible, at least in younger patients. The main aim of arthrosis treatment is therefore to relieve the pain. Another important aim is to preserve the mobility of the joint and halt or at least delay the progression of the cartilage damage. A wide range of products are available for the treatment of arthrosis-induced pain, with non-steroidal anti-inflammatory drugs (NSAIDs) accounting for the great majority of medical prescriptions. However, NSAIDs can have undesirable effects, especially in the gastrointestinal tract, making the use of these medications over prolonged periods a problem. This also applies to the newer COX-2 inhibitors. Alternatives offering a more favorable side effect profile are therefore of great importance for the treatment of arthrosis.

As an example of an alternative therapeutic option, general practitioner Christian W. Engelbert describes the case of a now 47-year-old office worker who attended his practice with severe hip pain in 1997. This patient, who engaged in sports and was a keen tennis player, had been suffering from recurrent back pain for 25 years. Chronic complaints in the right hip had worsened considerably in April 1997. Pain was present both at rest and during movement, but especially during sporting activity, and competitive sport was no longer possible. NSAIDs (diclofenac up to 150 mg/day) and other analgesics (paracetamol, aspirin, etc.) were insufficiently effective. Furthermore, NSAIDs gave rise to upper abdominal complaints and heartburn. The X-ray taken by the orthopedist consulted revealed severe right-sided coxarthrosis and incipient arthrotic lesions in the left hip. This specialist recommended, the then 39-year-old, a high-dose NSAID treatment and a total hip replacement. A date for surgery was scheduled.

In searching for an alternative therapeutic option, the patient finally consulted the general practitioner who used complementary medical methods. Besides a limping gait, Engelbert diagnosed atrophy of the gluteal and femoral muscles. Trendelenburg's sign, Duchenne's sign and Drehmann's sign were positive, and mobility of internal and external rotation was impaired. Trigger points were identified on the gluteus maximus, gluteus medius, and piriform muscles. The spinal extensor muscles showed indurations and myogeloses. The general practitioner immediately initiated treatment with periarticular injection of the homeopathic combination preparation Zeel comp. N (2 ampoules twice weekly over 6 weeks). He also administered Zeel tablets orally (3 tablets twice daily over 2 weeks). The treatment was supplemented by five sessions of ear acupuncture. During the course of therapy, Engelbert injected the homeopathic preparation at the trigger points and at regional acupuncture points like Gallbladder 30. Additional distal point injections of Zeel and Traumeel S were given at various points (Bladder 40, Gallbladder 35, and Bladder 60) once weekly over 4 weeks. After 6 weeks, the treatment was reduced to 3 tablets of Zeel comp. N daily.

Pain relief was experienced 2 weeks after the start of therapy, and an improvement in the gait pattern was observed after 4 weeks. After 8 weeks, the patient was again capable of completing longer training sessions (tennis). In summer 1997, the passionate tennis player was again winning the first league games with his team. Directly following the acute treatment, the patient continued taking Zeel comp. N tablets orally. He also received several series of Zeel injections. The treatment was rounded off with muscle building training and relaxation exercises and an annual series of 10 sessions of body acupuncture.

The patient still practices sports today and plays league games on a tennis team. His hip mobility is slightly restricted. The impairment of internal and external rotation has increased slightly in the last 9 years. The patient is pain-free and there is no muscle atrophy. A radiographic examination in 2006 revealed a slight increase in the signs of arthrosis.

The treating physician sums up this case as follows: despite an indication for total right hip replacement diagnosed by 2 orthopedists, an alternative therapeutic approach based on the homeopathic combination preparation Zeel comp. N (long-term oral administration and injection) has made it possible to avoid surgical intervention to the present day without the patient experiencing any impairment of his sporting performance.